

TWENTY-FIRST REPORT
OF THE
LUNACY COMMISSION



TO HIS EXCELLENCY
THE GOVERNOR OF MARYLAND

DECEMBER 1, 1906

BALTIMORE
PRESS OF JAMES YOUNG
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THE LUNACY COMMISSION

STATE OF MARYLAND

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TWENTY-FIRST REPORT
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LUNACY COMMISSION

REPORT OF THE SECRETARY.

To the Members of the Lunacy Commission:

GENTLEMEN:—I have the honor to submit the following report:

Without any disparagement of former commissions, the secretary feels called upon to say that the Board of the past year has shown more intelligent interest in the work of caring for the insane than any previous commission during the incumbency of the secretary. At much personal inconvenience these gentlemen have met and transacted necessary business, which formerly was left entirely to the secretary, sometimes to his embarrassment.

Drs. Dirickson and Gaver have visited a number of county institutions, which had heretofore only been seen by the secretary, and it is a very important addition to the report that other views than that of the secretary be submitted to the public. The secretary has for years desired that comment and criticism other than his own in regard to the county almshouses should find a place in the report and this is the first time that such has been the case. Dr. Dirickson has made a most careful inspection of the institutions of the Eastern Shore and Dr. Gaver has visited several institutions in the western

part of the State. These observations are embodied in this report.

During the year the Commission has had several of its regular or special meetings at some of the State institutions and at the Maryland Penitentiary. One meeting was held at the Maryland Asylum and Training School for the Feeble-Minded. Dr. Keating and several members of the Board were present and the work of this admirable institution was fully demonstrated. Inquiry showed that the accommodation was entirely too meagre, as the waiting list showed hundreds of applicants. The State is clearly deficient in its provisions for this most unfortunate class. The Commission questioned the advisability of keeping in the school adults who have had the advantage of years of training and was of the opinion that such cases, if not fit to be sent to their homes, should be removed to one of our State hospitals in order to give room for young children that might be benefitted by the admirable system of the training school. Under a recent Act of Assembly the Commission petitioned to the court of Baltimore County to commit these adult feeble-minded to the care of the institution. As was said above, this action was taken with some reluctance owing to the fact that there were so many children waiting for admission to take the places of those for whom the chance for further improvement was slight. The superintendent, Dr. Keating, is evidently very much interested in his work and should be encouraged by liberal aid by the State to enlarge this most humane undertaking. By the extension of this plant many children who would eventually become wards of the State might be made self-supporting, and many more would be educated to such an extent that they could live with their relatives and not require institutional restraint.

Another meeting of the Commission was held at Springfield Hospital at Sykesville. This splendid insti-

tution is a credit to the State, as it might well be to any State. The "open door system" is seen only in a few of our States. The patients are not kept under lock and key, but are under the constant supervision of attendants, but have all the liberty possible. The Commission had to pass upon one case of a patient who was violent and had escaped several times. This brought up the question as to whether this institution should not be reserved for chronic cases.

Springfield Hospital, with a large farm, one of the best in the State, with its remoteness, with the "open door system," is most admirably adapted to the care of the chronic insane. We are obliged to consider this largest class of insane, and it certainly is no reproach to this fine institution that its percentage of recoveries is smaller than institutions that take chiefly recoverable cases. The steady though not alarming increase of insanity in the State shows that we must adopt some system in the case of these unfortunates. Springfield, as has been stated, is located on a farm of over 700 acres, remote from the city, where these submerged members of our society can be comfortably and humanely cared for.

The superintendent, in his report to the Board for this year, says:

It will be seen by comparing the admissions of this with former years that this has been the largest year since the opening of the hospital and shows that insanity is on the increase in Maryland and increased accommodations must be provided if the State is to continue its present policy of caring for its indigent insane. The appropriations of the last Legislature were entirely inadequate to meet the requirements, and the new Legislature will be called upon to appropriate larger sums than ever to support this class, which seems to be ever increasing.

Of the ascertainable causes of insanity of those admitted heredity leads, with alcohol next. The per-

centage due to alcohol is the largest yet recorded. The evil effects of alcohol upon an unstable brain and nervous organization, whether inherited or acquired, cannot be underestimated as a causing factor in insanity.

The percentage of deaths—6.38 per cent. of the entire population—is lower than for two years, apoplexy heading the list. There were two deaths from typhoid fever. There were a few cases of this disease in the hospital this year, though much less than last. It is to be hoped with the placing of the mechanical sand filter at the power-house that this disease will entirely disappear. I am glad to be able to report no suicide or serious accident this year. The discharges as cured—20.27 per cent. calculated on admissions—are smaller than that of last year, but larger than any previous year. So many chronic, senile, idiotic and imbecile cases are sent to the hospital that the cures must necessarily be small. The medical work and treatment of patients has continued along the same lines as heretofore. There has been no startling discovery made this year in the treatment of the insane. The staff meetings were held during the winter and spring months. Papers were read and cases discussed. The usual lectures and demonstrations have been given to the members of the training school, and constant effort is being made to improve the standard of work done in this school. Oral examinations on the lectures given are regularly held and at the end of the session a written examination is held. Practical instruction is given in hydrotherapy, preparation of food, administration of medicine, bandaging, strapping, noting of symptoms, taking of temperature, making of charts, giving of hypodermics, sterilization of instruments and bandages, application of dressings and methods of dealing with emergencies, all of which make the course greatly interesting to the medical staff and supervisors, and of necessity most instructive to the nurses and attendants.

Amusements have been provided as usual and weekly dances during the winter, with games of checkers, cards, dominos and pool, with an occasional moving picture entertainment. A piano has been donated to the hospital by Mrs. Josephine M. Day, of Howard county. In the summer time our patients are so generally employed in out-of-door work that, with the exception of the Fourth of July, very little amusement can be provided.

A library for the patients has been organized with money raised by a bazaar, work done by patients being sold for this purpose.

Religious services have been held as usual by the pastors of several churches, and religious rites have been provided all patients buried in the hospital cemetery in accordance with their religious belief.

The improvements and work done on the premises have been so many and varied that to enumerate all of them would take too much of your valuable time, so I will mention the chief ones, leaving the balance for the bi-annual report next year.

First, the Edwin Warfield cottage was furnished and occupied during the year; the two gate-houses were built; dining-room and kitchen at men's group commenced; mechanical sand filter placed at power-house; road stoned; iron sewerage pipes changed at men's group preparatory to connecting same with central system, etc.

Spring Grove, on the other hand, is accessible to the city, has not the out-door facilities of Springfield, but is admirably adapted to the care of the acute cases. In the first years of a patient's disease the relatives are always hopeful of recovery and naturally wish to visit them frequently. After a time, the relatives come to the realization of the fact that the disease is incurable.

Then the case should go to the more remote hospital—Springfield—where the necessity of visits is less imperative because there comes the realization of the fact of incurability and the recognition of the necessity of merely kind care. The superintendent of Spring Grove, Dr. Wade, has done most excellent work in providing for the entertainment and occupation of the patients. Excellent work shops, embracing a variety of trades, have been provided and the patients are treated to all sorts of entertainments. A most interesting paper, to which the patients are invited to contribute, is published and printed by the patients, and one of the patients, Mr. Reese, deserves the highest commendation for his work in this enterprise.

In order to show what has been done in the way of improvements at the Maryland Asylum (Spring Grove) the following citations from the last report may be given: The building for colored women, noted in last year's report as in the course of construction, was completed and occupied in March. It affords excellent accommodation for twenty-five female patients. The lower floor is used for a sitting-room for those who do not work and also for a dining-room. The upper floor is occupied as sleeping quarters.

The fire insurance underwriters, after an inspection of the electric wiring of the building, ordered certain changes and alterations to be made in the main building and many of the outbuildings. In addition to the repairs and renewal of the wiring many new fixtures were purchased for the wards to replace the old ones.

The arc lights in the amusement hall were replaced by two 20-light clusters, which improve very much the light of the room. The hospital, with the improved wiring and the new electric generator installed last year, possesses a modern and safe electric plant.

The new laundry building, which will take the place

of the wooden structure, has been completed and will be occupied as soon as the new laundry machinery is received.

The building is constructed of brick, is lined with vitrified brick and has a roof of tile and slate. It is twenty feet longer than the old building and will give increased facility for laundry purposes.

The new machinery will consist of a steam sterilizer, which will disinfect the infected and soiled clothing. Also an extra large mangle, which will receive and iron the clothing directly from the extractors, doing away with the tedious drying of the wash and reducing the amount of hand work. With this additional machinery, together with the new building, the hospital will possess a laundry plant which cannot be excelled.

It is proposed to remove the old laundry building to a remote part of the grounds and utilize it for the storage of farm produce. The hospital has been sadly in need of a building for this purpose for several years.

One of the ponds, from which the hospital obtains part of the ice, was supplied by a stream which heads some distance from the hospital grounds and passed for half a mile through a thickly populated section. The water sheds were not protected and the danger from contamination of the water, and in turn the ice was constantly present. To remove this source of pollution a thirty-inch terra cotta pipe was laid in the centre of the pond, diverting the stream and restricting the inflow to a series of springs located on the hospital grounds. The ice now obtained from the pond will be free from any danger of pollution.

The usual amusements have enlivened the monotony of hospital life. As in former years a weekly dance forms the chief attraction. They are attended and participated in by a large portion of our patients. A

trolley ride to one of the parks was enjoyed by all who expressed a desire to attend.

The fancy dress balls held at different periods of the year continue to be a feature of our entertainments. Our efforts are well rewarded by the pleasure it gives all who participate.

Employment is the best medicine for the chronic insane when the mental and physical condition will permit it with safety to themselves and others. Occasionally accidents will occur, but fortunately they have not been frequent or of a serious nature.

The prolonged wet weather during the spring and summer reduced our working days to a considerable extent, but the amount of labor performed does not fall far short of previous years. Most of the male patients were, as formerly, employed on the farm, lawn and grounds. With our female patients out-door work is not available, but they have pursued the usual domestic avocations, assisting in the sewing-room, laundry, kitchen and on the wards. During the pleasant weather all who are not employed pass the time out of doors.

The following table shows the amount of work performed:

MALE DEPARTMENT.

Showing the number of days' work performed by the patients during the year:

On garden and farm.....	18,562 days.
On the grounds, grading roads, etc.	15,395 "
Assisting in laundry and boiler room	3,173 "
" " kitchen	4,042 "
" " refectory	4,877 "
" " bake shop.....	1,205 "
" " carpenter shop	308 "

Assisting in paint shop and painting	921 days.
“ “ industrial shop.....	8,045 “
“ “ blacksmith shop.....	317 “
“ “ house work	453 “
“ “ ward work.....	9,490 “
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Total.....	66,788 days.

FEMALE DEPARTMENT.

Showing the number of days' work performed by the patients during the year:

In laundry	9,809 days.
In kitchen.....	9,686 “
Sewing in wards.....	7,238 “
Sewing in sewing-room	7,932 “
Domestic work in wards.....	18,132 “
Domestic work in house.....	733 “
In refectory	5,764 “
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Total.....	59,294 days.

These three splendid institutions should be fostered by the State, and it should be the pleasure and credit of future Legislatures to encourage them and provide liberal appropriations. As secretary of the State Lunacy Commission, I would say that in our State institutions there has never been a breath of “graft” or self-interest, but the people’s money has been expended to the best possible advantage for the benefit of the most unfortunate of God’s poor. They are sequestered, they are unknown, they are forgotten; no one but the poor—fathers, mothers, children—know what they suffer. Persons of means can send their insane relatives to sanatoria in this or other States, but for the middle class and poor: Bay View in the city, or county almshouses in the counties. Our hospitals for the insane are

overcrowded. It is difficult to get a patient into them unless the case is so urgent that something must be done. Will not the people of Maryland come to the rescue of this stricken class that cannot speak for themselves?

THE MARYLAND ASYLUM AND TRAINING SCHOOL FOR
FEEBLE-MINDED.

The following extracts taken from the report of the superintendent of this institution show the usefulness of this institution:

"It will be seen that we have sheltered and cared for 212 pupils and that 200 of this number remain at the date of this report, making the largest number in our history, and being an increase of about 37 per cent. over the former period.

As it has been absolutely impossible to take under our care all those applying for admission, our aim has been, as far as possible, to admit those whose age and condition gave most chance for improvement. Expectations have been fully realized in the general improvement of conditions, both mental and physical, of those admitted.

Of the two deaths one was from epilepsy and the other from empyema. This is a small mortality, being less than 1 per cent.

Of the ten discharged eight were removed by parents in an improved condition, one was transferred as insane and one sent home because he was not a proper subject to remain here without danger to the other children.

The health of the pupils in general has been excellent, and at present we have no serious cases of sickness. During the past year a slight epidemic of measles of a mild type occurred, but all recovered without any ill effects. This and one case of typhoid have been the only serious sickness that has occurred, except the two cases mentioned above as resulting in death.

There is very little to be said that is new in regard to the school work. The methods in use are substantially the same as set forth in former reports. Everything that commends itself as of real service in teaching the feeble-minded is used, and it is our constant endeavor to improve this part of our work more each year.

Our State long ago adopted the policy of providing means of instruction and education through its public schools for all children who need it. Under this policy feeble-minded children have certainly a good claim to proper means of instruction and education. A high and vigorous individuality possesses innate power of development and fashions extraneous things to itself; even an ordinary mind has more or less outward control over circumstances. But the weak and feeble-minded lack totally the innate power of development; they have little or no individuality; they would merely grow as animals grow were it not for the best outer influences, and even these have to be specially directed. In other words, ordinary children, even if neglected, may tumble somehow into manhood and probably into tolerable character, but the feeble-minded, lacking the vital force of development, if neglected, remain in a mere animal condition. This lack of capacity for progressive self-development constitutes their greater claim and enforces the deepest obligation to give them the special privileges and advantages of instruction which we so readily give to normal children, whose need is great indeed, but not so great as their feeble brethren. Hence the educational character of this institution must never be lost sight of. Not merely to keep safely and kindly, but to improve, to raise, to educate these dependent children; these are the ultimate aims of those who are associated in the labor and responsibilities of this work. We have reason to be congratulated on the many permanent and substantial improvements that have been made during the past two years.

The Administration Building has been completed and

furnished and enables us to carry on the work of the institution with more satisfaction and better results, while heretofore it was carried on in uncomfortable and narrow quarters.

The building is roomy, well lighted, well heated and is suitably adapted to the purpose for which it was erected. It also gives us additional accommodations for the admission of many more pupils, to whom we can render better care than formerly.

A central heating, lighting and power plant has been installed and is a great improvement over the old system of having a furnace in each cottage. The power-house is amply large for all future needs of the institution, and the boiler plant is large enough to heat two additional cottages.

Another substantial improvement made during the past two years is the new laundry plant, provided and fitted up in the second story of the kitchen building. It is a timely and excellent provision for the institution and has been pronounced one of the best of its kind. It supplies a long desired and beneficial addition to the institution, and as a result of this change the girls enjoy the work in this department and we get better results than before.

The quarters formerly occupied by the superintendent have been converted into an infirmary, where all cases of sickness can now be properly cared for. This is an important addition and one I have long desired.

In view of the large number of applications for admission now on our waiting list—something over two hundred—one hundred new applications having been filed within the past two years and the growing demand for the State care of the feeble-minded, it is important that due consideration should be given at once to the extension of this plant. The erection of additional cottages for inmates is imperative."

THE NEED OF A PSYCHOPATHIC OR DETENTION HOSPITAL.

A bill was introduced in the City Council last winter, looking to the establishment of a hospital to which persons suspected of having some mental disturbance could be sent and kept until their mental condition could be definitely determined and a proper disposition made in each case. A committee was appointed by the Mayor to report on the feasibility of this plan, but no definite action has yet been taken. Every physician who has had any experience in one of our general hospitals will at once see the necessity for such a provision. The police pick up a person on the street who is mentally disturbed. This may be the result of a drug or it may be insanity. Obviously the station house is no suitable place for such a case and the general hospitals are not equipped to receive such a patient, since it means safe custody such as an ordinary ward does not afford, and moreover such a case would disturb the other patients suffering from maladies other than mental.

Again, if such a person be sent to the station house he is not under the constant supervision of doctor and nurse and is usually sent to an asylum for the insane if he is still mentally disturbed the next morning. This, of course, is manifestly improper. The commitment of an individual to an asylum for the insane involves a great responsibility and should not be done hurriedly. Then, too, it not infrequently happens that in private practice a physician is called upon to decide what to do with a violent patient. Often the physician hesitates to take the final step and send the patient to an asylum for the insane. He feels that a few days, or even weeks of observation of such a case might clear up the question. The patient may be in an apartment house or hotel, and noisy, and steps must be taken at once. How very much better it would be to send such a case to a detention hospital, where he would be under the observation of trained physicians and nurses, than to hurry him to an

asylum. The plant for such an institution need not be large and the advantages derived, judging from the experience of other cities, would be inestimable.

I quote the following article by Dr. Stewart Paton, a former member of the State Lunacy Commission of Maryland, who is now in Europe studying this and other subjects relating to the care of the insane. It might be said that Maryland would not need anything like as large an institution as that suggested by Dr. Paton.

In speaking of the subject of psychiatric hospitals, he says: "But in order that we may be able to strike at the root of the matter, we must devote our best efforts (1) to curing all recoverable cases, and this can be done only by taking them in hand at the earliest possible moment, when the disorder is still in its incipient stage; and (2) giving to as many physicians as possible the chance of receiving a thorough training in psychiatry, in order that cases of insanity may be recognized by the general practitioner before it is too late, and that the importance of preventive psychiatry may be fully realized by the leaders of thought in every community."

These two fundamental needs, then, since they cannot be satisfied by the asylum, the farm colony and the boarding-out system, call for the establishment of special institutions which have been variously designated as hospitals for the insane, psychiatric clinics, or psychopathic hospitals, and these will form the subject of the present chapter.

Unfortunately, institutions that promise the realization of these ideals are too rarely found either in Great Britain or in the United States. That the need for them has been felt is evident from the efforts that have been made to transform some of the smaller asylums into psychiatric clinics. Nor is it to be wondered at that such endeavors have proved only partially successful, inasmuch as the former had been planned at a time when

the present exigencies in the care of the insane either did not exist or were unrecognized. As a result these transformed institutions—situated for the most part far from the centres of population and hampered by a general arrangement that worked against the ready admission of patients, while rendering instruction to students in psychiatry impossible—could never represent anything more than a transition stage—a compromise between the asylum proper and the real hospital. The former placed at some distance from the city and with accommodations for a relatively large number of patients—from 200 to 1,000 or even 2,500—can with proper forethought afford the best care possible for the chronic insane—the indications for progress being along the lines of improvement in hygienic surroundings and facilities for light employment in shops or in the open air. In these communities, however, hospital treatment must necessarily always be a secondary consideration, nor should they be hampered by having thrust upon them burdens and responsibilities which they are not adapted to meet.

To re-state the proposition, then, the psychiatric clinic or hospital is intended to satisfy two fundamental needs: (1) Better provision for the care and cure, if possible, of cases of acute and incipient insanity; (2) adequate provision for instruction in treatment and for investigation into problems, upon the solution of which depend the arrest of the development of insanity in the State, but in order to fulfill these objects its structure and organization must be plain so that the following conditions will be satisfied:

(1) Ease of access. The institution should be near to or within the limits of the city.

(2) A limited capacity, in order that every individual patient may be made subject to special study.

(3) Perfect construction, equipment and organiza-

tion, in order that a thorough and energetic treatment can be undertaken for all patients for whom there is hope of recovery.

(4) A relatively large staff of physicians and nurses.

(5) Ample provision not only for the teaching of students, but also for the prosecution of post-graduate investigations and research in clinical psychiatry, psycho-pathology and in the anatomy and pathology of the nervous system.

(6) The ready admission of patients and their speedy transference, when necessary, to other more appropriate institutions. Provision for out-door and voluntary patients.

The manner in which, so far as our present experience has taught us, these conditions may best be met and fulfilled, will now be briefly discussed:

(1) *Location.* If the institution be located at some distance from a centre of population, the commitment of cases of incipient insanity will lose the opportunity for speedy treatment—which in some cases is equivalent to missing their only chance for recovery.

Of course, ideal conditions cannot always be realized, but, if possible, the psychiatric hospital should be within the city limits or quite near them. The extensive grounds, large gardens or farm, so essential for the asylum or the convalescent home, are not needed for the hospital, although a certain area of ground—from one to three acres—is indispensable. This would supply sufficient space for a small garden, where the convalescent patients could sit or walk in the open air. Again, the easier of access the institution is to a fairly large centre of population, the less will be the antipathy of patients toward a residence there, since they will feel that they are not shut up in some remote asylum away from the world and all their friends; and, moreover, they

will be spared a long and tedious journey, which is distressing alike to patients and relatives. Such an institution, when situated in a city, will afford the medical profession an opportunity of becoming as intimately acquainted with its organization, its methods and its results as is the case with the medical hospital; while at the same time the medical staff will not be isolated and will have every chance of keeping in touch with the advances that are being made in general medicine, of which their own is a most important branch. Again, the mere enumeration of the problem to be solved, involving questions in heredity, the psychological analyses of symptoms, the chemical study of secretions and excretions, improvements in methods of physical diagnosis, ought to be sufficient to emphasize the necessity of placing the psychiatric hospital in immediate proximity not only to other medical clinics, but also to the non-medical parts of the university. The highest types of clinical and laboratory investigation can only be accomplished in hospitals that are sufficiently close to a good university for the medical officers to feel the stimulating effect of the encouragement and aid given to all forms of investigation; nor is it probable that high ideals in the character of the work to be accomplished will be as readily sustained under other conditions.

(2) *A Limited Capacity.* The capacity of the hospital must naturally depend much upon the demands of the community in which it is situated. It is advisable, however, that it should be relatively small, so that each individual case can be studied carefully in reasonably short time. In asylums for chronic patients there is much less urgency in the matter, but in the case of acute insanity a speedy and as far as possible a correct diagnosis is most important, inasmuch as the future of these patients is in the balance. Roughly speaking, institutions varying in capacity from 80 to 100 beds represent the size which best lends to an efficient organi-

zation. Furthermore, the fact that the accommodations are limited will serve to prevent the accumulation of chronic cases which belong elsewhere."

EPILEPTICS.

Epilepsy has been known since the earliest times of which we have any records. Hippocrates gives a very well recognized description of the disease. It is one of the most distressing maladies to which man is subjected. Among the poor its effects are especially noticeable. An epileptic subject cannot retain any situation. He cannot work in any dangerous place, as with machinery, or on a scaffold for fear of disastrous results. If a shop girl has epileptic attacks she is naturally discharged. In the public schools, and this has come very often to my notice, an epileptic child, who may be very bright and teachable, will be discharged if epileptic fits occur during school hours. And this is not to be wondered at. The effect upon all the other children must be considered. What then can be done for this most unfortunate class. Let me quote a few extracts from the last report of the splendid colony at Sonyea, N. Y.—the Craig Colony, and I mention with pride that the medical superintendent is a graduate of one of our Baltimore institutions.

"The question is often propounded: 'Is epilepsy increasing?' It probably is not increasing out of ratio to the rapidly increasing population. A reason why so many more epileptics are known of now than formerly is because they more generally understand that something is being done for them by the State, and in seeking such aid their malady becomes known."

It has generally been estimated that one person in every 500 suffers from epilepsy. I am confident that if *all epileptics* could be counted, the proportion would be

one epileptic to approximately every 300 of the population at large.

Epilepsy a Dangerous Disease. True epilepsy disastrously affects the brain. It is never a harmless malady. It is always dangerous, no matter what its type nor how infrequent the seizures. Scarcely any other disease can cause death in so short a time. It can take life almost in the twinkling of an eye. Many epileptics die suddenly; others after serial attacks lasting some hours or days; still others from status epilepticus—a condition that is the bane of every epileptic's existence.

For years it has been a mooted question in this country among certain neurologists as to whether epilepsy can actually be cured. I have seen scores of cases cured during the past twenty years. From the table sent me by Dr. Huchzemeier it may be noted that 587 epileptics have been cured at the German Colony for Epileptics at Bielefeld since it was founded in 1867.

Earlier Admissions. The one great thing all epileptic institutions need is *earlier admissions*. Now patients do not enter until they are incurable or unbearable at home. This is no unjust commentary on the epileptic, for like the insane, they have a disease of the brain. About five per cent. of the possibly curable cases at the Craig Colony are cured. But it takes years to do it.

Epileptics at Home. Epilepsy is without doubt the worst disease that can afflict a human being. It oftenest begins in early life. The essential epileptic age ranges from the twelfth to the sixteenth years. The presence of the disease creates sympathy for the afflicted one, and sympathy tends to aggravate the disorder either through the person being granted improper privileges of many kinds, or by virtue of the fact that the individual is a "skeleton in the family closet." They must

remain in the background debarred from the family life, denied social pleasures, and not infrequently an epileptic child in a family where there are other children is a *positive menace* to the physical safety of such children. No epileptic person of immature years or of defective intelligence, from which fully 90 per cent. of them suffer sooner or later, *can be successfully treated at home.*

Proper Care of Epileptic Infants. More than 80 per cent. of all cases of epilepsy begin under the twentieth year, making it essentially a disease of early life. A large number of cases begin in infancy. There should be a special building constructed on these premises for 40 or more epileptic children under five years of age."

I am constantly asked by relations and friends where epileptics can be sent and I am obliged to answer, I am ashamed to say, there is no provision made for this class in this State. There are, of course, a certain number of epileptics at the Maryland Asylum and Training School for Feeble-Minded, but this institution is not intended for epileptics but for feeble-minded. They cannot be placed in our State insane asylums unless, in addition to epilepsy, they are also insane. From the citations given in the report of the Craig Colony it will be seen how much work is being done by the colony system.

The Silver Cross Home is doing an excellent work, but of necessity this work is very limited for want of means. It is certainly the duty of the State to make some provision for the hundreds of epileptics whose parents or relatives are unable to properly care for them. Several of the epileptic colonies in this country have started by private endowments and afterwards increased by State aid. If some philanthropic person would begin offering, say a farm of sufficient acreage, I feel sure that the State would come to the aid of this

most unfortunate class. While the glamor would not perhaps be the same as if the gift were bestowed upon some well-known college or university, the actual good done would be far greater. So many cases come before me as executive officer of the State Lunacy Commission that I feel the necessity of speaking strongly on this point.

NEGRO INSANE.

There can be no doubt of the fact that the progress of the negro from slavery has been attended with a very marked increase of insanity in this race. In the slavery days insane negroes were not often seen, if we can credit the reports. As life has become more strenuous for them, mental diseases have notably increased. The complications of life, the added responsibilities, the marked increased prevalence of tuberculosis and syphilis among the people of this race have greatly increased the number of the insane. It is a notable fact, familiar to the physicians in the Southern States who have the care of the negro insane, that these patients are the most troublesome that come under their care. The type of the race seems to have changed since the old regime. A Republican governor of Maryland said to a convocation of negroes that the crimes that were committed by this race were to be laid at the door of the negroes who had been born since the freedom of the race. As has been said above, insanity has increased in a most marked degree during this same period.

In the city of Baltimore a recent registration showed more than 19,000 negroes, representing a population of something like 100,000. There are something like 500 negro insane in the State, and most scanty accommodations for them. Bay View receives only city patients, Springfield takes no negroes, Spring Grove can accommodate less than one hundred, and the remainder must be sent to the county almshouses. A case was reported

to me the other day: A respectable colored man with suicidal tendencies asked for hospital care. There was no place but Bay View, which he declined. Shortly after, he committed suicide. I drafted and introduced into the last Legislature a bill for the establishment of an insane asylum for negroes, such as exists in most of the Southern States, but it failed of passage. I feel that the State of Maryland has been very remiss in this direction. We should most certainly have a suitable institution where the negro insane could be cared for.

In some former reports of the Lunacy Commission it was suggested that special buildings be erected at Springfield for this class, but the Board of Trustees are opposed to this plan and advance very forcible reasons. It is fairly reasonable to suppose that the increase of insanity in this race will continue, and it would be far better for the State to establish a hospital for their exclusive care. Such a hospital should be either on the Eastern Shore or in Southern Maryland, and the buildings need not be expensive or elaborate. This would relieve the present congested condition, and would remove this unfortunate class from the almshouses where the care is inadequate.

STATE CARE OF THE INSANE.

The State of Maryland stands committed to "State care" of the insane, and the following extract from the last report of the Lunacy Commission seems pertinent:

There can be no doubt of the fact that the only satisfactory method of caring for the insane is for the State to assume this responsible duty. It is obvious that the counties cannot properly care for this class, and State care means better care, and, in the long run, is more economical. The following statement, which appeared in the last report, is published again, as it presents the

facts as they exist in this State and suggests a remedy.

To anyone at all familiar with the condition of the dependent insane in this State the question of State care *versus* county care hardly admits of discussion. Contrast two well-equipped hospitals, Spring Grove and Springfield, institutions any State might well be proud of, with the county asylums and almshouses. In the State hospitals, especially constructed for the care of the insane, we see wards and dormitories well lighted and ventilated, recreation halls for the entertainment of the patients, workshops where the various industries are carried on under skilled supervision, and ample opportunity for outdoor work. The county houses, without exception, offer inadequate accommodations for the patients. In the best of them the lighting and ventilation are faulty, there are no workshops nor recreation rooms, and often no suitable place for outdoor exercise. In many counties, as has been repeatedly pointed out in the various reports of the Lunacy Commission, the buildings are dilapidated and utterly unfit for the reception of decent human beings. Contrast the comfort of the patients in a bright, commodious, well-furnished ward of one of the State hospitals, with the miserable existence described in one of the county almshouses where the secretary of the Lunacy Commission found, in a wretchedly dirty room 15x15 feet, seven inmates, five men and two women. Again, the patients in the State hospitals are under the constant care of specially trained physicians, who study each individual case and direct appropriate treatment.

An adequate number of trained assistants look carefully after the needs of the patients and carry out the physician's orders. A record is kept of each case, and every change in condition carefully noted. Every effort is made by medical treatment, and by occupation, to restore the lost mental balance.

In the county institutions the superintendent is a man with no training in this work, the attendants are altogether inadequate in number and with no knowledge of nursing, and there is no resident medical officer, a physician who has no special experience in the treatment of the insane, visiting the patients at certain times.

Take three illustrative cases. The secretary was asked to investigate a case in a county almshouse, and found locked up in an indescribably filthy room a man who was cursing and yelling at the top of his voice, to all intents a wild animal. This man was removed to one of the State hospitals, where the secretary saw him shortly after his arrival and found him well clothed, well behaved and contented.

The second case was also seen in one of the counties, a negro man, who was chained to a tree in summer and confined in a miserably improvised cell in winter. This man is now at one of the State hospitals, a well-behaved patient and a good worker.

The third case is that of a man who for years was kept in an outbuilding at a private institution. The secretary has seen this man frequently, and he was always entirely nude and generally filthy, a most disgusting sight. This man is now at one of the State hospitals where he is suitably clothed and behaves himself in a perfectly proper manner. In all of these instances the almost miraculous change was wrought—of transforming an animal into a human being.

The cases mentioned above were all incurable, and illustrate merely what a change of environment will accomplish. From a consideration of the above facts it goes without saying that the chances for recovery are infinitely greater under State than county care.

Is it not, then, manifestly the duty of the State, from a humanitarian point of view, to provide the best care

possible, and to offer the greatest chances for recovery to this most unfortunate of all the dependent classes?

Under State supervision, entertainment, occupation, kindly care, scientific treatment; under the county system no occupation or entertainment, negligent care, the women not safe from outrage, no treatment; which will the people of this State choose?

Looking at the question from the purely economic side, the decision must be in favor of State care. It has been shown that a far greater number of mentally diseased persons will recover under proper environment and treatment. A man has an attack of acute insanity, is placed in an almshouse or county asylum, nothing practically is done for him but keep him a prisoner as though he were a criminal, he gradually degenerates into a state of chronic insanity and must be cared for during the remainder of his life. If, under proper treatment such a case recovers, he again becomes self supporting. Statistics on this point are difficult to obtain, but those whose experience is greatest in the treatment of the insane, are confident that a very much larger percentage of recoveries occur in well-regulated hospitals than in county houses. In some of the almshouses of this State there are insane women who have given birth to numbers of children, most of whom are necessarily degenerates, and become wards of the counties. This iniquity is unknown, of course, in our State hospitals. It is easy to see that a concentration of the insane in our State hospitals must of necessity reduce the per capita cost. Most of the counties provide a large farm with a superintendent and physician who must be paid for the support of a very few insane patients. The counties of the State are rapidly acquiring hospitals at the county seats, where cases of acute diseases, not mental, can be properly treated, and it would be far more economical to board out the few paupers. Take, for example, Dorchester County: an excellent hospital has been erected

at Cambridge, and yet the county has a farm of some five hundred or more acres, with a superintendent and a visiting physician, and last year the report from this county shows but 11 cases at the almshouse. A much larger percentage of cases recover under proper hospital treatment, and *concentration would decrease the per capita cost.*

Let us take a still more practical view of this question. There are two hospitals for the insane owned by the State—Spring Grove and Springfield. Each Legislature makes a small appropriation to these institutions. The per capita cost of patients is something over \$200 a year. Every patient is paid for by the counties or city of Baltimore at the rate of \$150 a year. The difference between the rate fixed by law and the actual cost of maintenance is thus paid by the State. As a matter of fact then each county and the city of Baltimore pays a fixed rate for every patient sent to the State institutions, and also pays from the State taxes the additional amount necessary for the maintenance of such patient. How much simpler and more economical if the burden were evenly distributed.

The report of the Lunacy Commission shows that the dependent insane in the State number about 2,200, not including about 100 feeble-minded supported entirely by the State. Of this number about 1,000 are in the two State institutions, Spring Grove and Springfield; 300 city and county patients are at Mount Hope; 370 at Bay View; about 500 in the county asylums and almshouses; in round numbers 2,200. Fully 100 may be deducted from this number of such patients as are merely senile or slightly feeble-minded, and in no sense require hospital care or treatment. Thus we have about 2,100 dependent insane, 1,050 of whom are in the two State hospitals, 300 at Mount Hope, 370 at Bay View and about 400 in the county asylums and almshouses.

COST OF MAINTENANCE UNDER THE PRESENT AND UNDER
THE PROPOSED SYSTEM.

One thousand and fifty patients at Spring Grove and Springfield, for which the city and State pays \$150 per annum per capita (\$157,500), but the actual cost for maintenance is \$210 per annum, \$220,500; 300 patients at Mount Hope, per capita cost paid by the city and counties is \$150, \$45,000; city patients at Bay View at \$80, \$29,600; about 400 patients in the county asylums and almshouses, the per capita cost estimated at \$60, \$24,000.

The total expenditure then under the present system is in round numbers about \$319,100. This is a very conservative estimate when we consider the large amount of land, the salaries of the superintendents and physicians, and the fact that it is very difficult to differentiate between the cost of the insane and the paupers, the former requiring far more care and consequently costing more. Again, as has been said, the concentration of large numbers of insane in the State institutions will very greatly lower the cost of maintenance. Comparing the *per capita* cost for the support of the insane with that which exists in other States, and carefully estimating the conditions in Maryland, \$150 would be a safe and conservative estimate of the annual cost for the maintenance of an insane patient under the proposed State care. The figures then would show the following:

Under the present system the cost for the support of the dependent insane is about \$319,100. At \$150, a conservative estimate, the 21,000 dependent insane cost the State \$315,000, an actual saving of about \$4,000 a year—a decided saving in expense, an incalculable saving in human suffering. It is impossible to calculate the immense saving in the cure of acute cases in well-regulated hospitals that would inevitably drift into

chronic and incurable conditions if left in the county almshouses without treatment and with indifferent care.

Thus, from the purely economic standpoint, leaving out the great humanitarian motive, the State of Maryland should not hesitate an instant to range herself by the side of the other progressive States and pronounce most emphatically in favor of State care for the unfortunate insane. If the Legislature approves this measure, the following plan can readily be put into operation. Spring Grove is well adapted to the care of the acute cases of insanity. It is easy of access, being so near Baltimore, the buildings are compact, and the resident physician can be called at any moment, and the acreage is sufficient for the care of acute cases, many of whom must be confined in their room for a time. Several additional buildings would have to be provided, such as a ward for consumptive patients, a hospital ward and a laboratory.

Springfield at Sykesville, Carroll County, is admirably adapted to the care of the chronic insane. The farm of some seven hundred acres is one of the best in the State. Already here is an excellent plant with a central administration building. This cottage or group system could be almost indefinitely extended. Of course it would not be necessary to erect such complete and expensive buildings as the present ones. Under State care there would be large numbers of chronic insane that could be perfectly well cared for in inexpensive buildings in a group by themselves. This group system would also allow of a proper classification of cases. There could also be provided a group for the colored insane, who are very poorly provided for under the present system, and also a special provision made for the criminal insane.

If Spring Grove were enlarged to a capacity of 600 to 800 patients, and the present capacity of Springfield

increased to 1,200 or 1,500 all the dependent insane in the State could be cared for at these two institutions. During the next four or five years these additional buildings could be erected so that by 1909, the time proposed by the bill to be presented to the next Legislature, the State would be ready to receive all its dependent insane.

It is the duty of the State to care for its dependent insane, because under State care (1) the patients are humanely treated; (2) a far larger percentage will recover; (3) the cost would be no greater than under the existing system; (4) the plan is feasible, since it necessitates merely the enlargement of the two excellent hospitals for the insane now in existence.

The foregoing statement of the condition of the insane in our State was presented to the last Legislature of Maryland, and the following comprehensive bill was passed:

An Act to repeal Section 2 of Article 59 of the Code of Public General Laws, entitled "Lunatics and Insane," and to re-enact the same with amendments.

Section 1. *Be it enacted by the General Assembly of Maryland*, That Section 2 of Article 59 of the Code of Public General Laws, entitled "Lunatics and Insane," be and the same is hereby repealed and re-enacted so as to read as follows:

2. From and after the first day of January, 1909, the State of Maryland shall be charged with the maintenance, care, control and treatment of all dependent insane persons who are at that time residents of the State of Maryland and as soon as practicable after the said first day of January, 1909, the State Board of Lunacy shall transfer from the several county almshouses and county and city asylums to one of the State hospitals for the insane, such dependent insane persons who are residents of the State of Maryland, as in the

judgment of the said Board of Lunacy should be removed; and all such dependent insane persons, after their removal to one of the State hospitals for the insane, shall be maintained therein at the expense of the State. In furtherance of the purposes of this Act a commission shall be appointed by the Governor, of which he shall be a member ex-officio, consisting of the Lunacy Commission, who shall report to the Legislature on or before the 15th day of January, 1906, such amendments to the present law regulating the care and treatment of the insane and such other measures, including plans for the enlargement of the present State hospitals or the erection of other State hospitals, as may, to such commission, seem necessary.

Section 2. *And be it enacted*, That this Act shall take effect from the date of its passage.

At a meeting of the State Lunacy Commission, held June 17, 1905, the superintendents of our State institutions, and others interested in the welfare of the insane, were present, and it was decided that the most urgent need was for a hospital for the negro insane. As has been mentioned in another part of this report, a bill will be introduced in the next Legislature providing for this institution.

THE CARE OF THE INSANE OF BALTIMORE CITY.

The insane of Baltimore city, constituting in round numbers about one-half the insane in the State, are cared for in private institutions, and the two State hospitals, Spring Grove and Springfield, and Bay View. In regard to the latter institution, Bay View, it must be said that the care of the patients is most excellent, and the medical attention beyond reproach, still there attaches a certain unaccountable stigma which cannot be downed. It is, perhaps, a reflex of the old English idea when the insane of Bedlam, now the splendid Bethlem

Hospital, was viewed as one of the sights of London. However this may be, the objection to going to Bay View is strong in the minds of the people, and many cases that are referred to the secretary of the Commission stay at home rather than go to what they regard as the poorhouse. The same patients, or rather the relatives or friends, have no objection to the State institutions. There are many cases of dangerous lunatics in Baltimore today who ought to be in an asylum, but who will not go to Bay View because their relatives feel that they would be stamped as paupers. All this goes to show the necessity of State care of the insane.

PRIVATE AND CORPORATE INSTITUTIONS FOR THE CARE OF THE INSANE.

There are in this State an unusual number of institutions of this class. It may be noted that there is a notable lack of similar institutions in the Southern States, and Maryland draws largely from the States lying South. Mount Hope Retreat, under the control of the order of Sisters of Charity, is perhaps the largest institution of its kind in this country. It accommodates between 600 and 700 patients. The buildings are commodious and well equipped and the grounds are ample. The medical staff should be enlarged and the opportunities for scientific work should be increased.

The Sheppard and Enoch Pratt Hospital, near Towson, Md., is a model institution for the treatment of the insane. The purpose of this institution is to afford treatment for the acute insane, and every facility is afforded for the proper care of such cases. The general public of this State does not realize what a power for good this institution exercises. A majority of the patients are admitted free of charge, while others pay a mere nominal cost, far immensurate of their cost of maintenance. Then, at this hospital an effort is being

made to study insanity from a scientific basis. Excellent laboratories are provided, and everything is done to encourage research into the mysterious problems of the causes of insanity from a physical and psychic basis.

Then there are a number of most excellent private sanatoria near the city. The Richard Gundry Home, where a limited number of insane and drug habitues are received. This sanitarium has a very excellent location, ample grounds and is admirably conducted.

The Athol Sanitarium, for women only, is in one of the most beautiful of Baltimore's suburbs, and is to be most highly recommended. Font Hill, a private training school for feeble-minded, deserves more attention than has been given it. Dr. and Mrs. Fort have both been specially trained in this work and are in every respect capable of taking care of this class of patients. This is the only private institution of its class in the State. The Relay Sanitarium, located on a high hill overlooking the picturesque valley of the Patapsco, is a well-equipped sanitarium for the insane and drug cases, as is the very well managed institution, the Laurel Sanitarium, at Laurel, Md., where mildly insane and drug cases are received and have the advantage of a beautiful country with a minimum of hospital entourage. The Riggs Cottages, at Ijams, Md., afford a quiet country retreat for mild cases. Thus it will be seen that this State is most admirably equipped in private sanatoria for the treatment of mental cases. In regard to the care of the insane, private and endowed institutions are in advance of State care.

THE CARE OF THE INSANE IN THE COUNTIES.

The Commission feels that much has been accomplished in the removal of cases from county almshouses to our State institutions. Many of the counties receive no insane persons in the almshouses. For instance, Cal-

vert, Charles, Garrett, Howard and St. Mary's counties send all their insane to properly constituted institutions. The other counties send the acute cases which cannot be managed or properly cared for, to asylums for the insane. Still in some of the counties attempts are made to care for the distinctly insane, but the facilities provided are absolutely inadequate. As illustrative of this fact, I submit the reports of Dr. E. I. Dirickson, a member of the Commission, who has visited all the asylums on the Eastern Shore, and Dr. W. E. Gaver, who has visited the almshouses and asylums in the western part of the State. The cases cited will be sufficient without going into the details of every county.

Dr. Gaver reports: "The Carroll County Almshouse, Westminster, an old and dilapidated structure, is used principally for purposes of Carroll county; however, a few senile patients from Carroll county are also kept there. No acute cases are admitted and those cases that are admitted are cared for satisfactorily, I believe."

Dr. Gaver also reports that "Montevue Hospital, near Frederick, a very much crowded institution, not only contains the insane and pauper of Frederick county, but also more than a hundred insane from other counties of the State. All classes of cases are accepted, many of which could be benefited by modern treatment at a well equipped institution."

Dr. E. J. Dirickson makes the following reports with reference to the various almshouses in the State:

Dorchester County Almshouse. "Is situated on a beautiful farm some twelve miles from Vienna. The home for the paupers is located near that of the overseer, though hardly near enough in case of accidents such as fire, etc. The grounds around the buildings are well kept and the land is cultivated.

"Among the eighteen inmates there are two epileptics,

one of whom, a white man, is at times quite violent and has to be confined. They are all helpless and hopeless for the most part, and past middle age. The inmates are all well cared for and with improved sanitary conditions, with a force pump and hose for bathing, they would have all that is necessary. They are somewhat crowded, however, which condition should be remedied.

"The value of the farm is at least \$15,000, perhaps more, and the county appropriation is about \$600. This is another case where the expense is too great for the number of inmates cared for."

Somerset County Almshouse. "I visited the Somerset county almshouse in August, driving from Princess Anne, the county seat, about ten miles to an old brick farmhouse. The place has seen better days, having once been the home of the Waggamon family, as is indicated on several moss-grown tombstones bearing the family name. They stand in a wild overgrown garden. The old house is in good repair and is occupied by the keeper and his family, together with some women inmates who require constant attention. Several small houses have been built on the grounds and these are occupied by the inmates.

"The cost of maintaining this almshouse is borne almost entirely by county appropriation, as the farm is small and the expenses of maintaining the home, etc., amount to about \$3,000 per year. The farm is beautifully located on a hill near a small creek running into the Manokin River.

"This home, like that in Talbot county, receives the attentive interest of the women of Somerset, much to its benefit."

Talbot County Almshouse. "About eight miles from Easton, is situated on an old farm somewhat run down. The inmates occupy a large old farmhouse, which is in good repair and is provided with bathrooms.

"The inmates assist with the farm work and they do nearly all of the house work. The trustees of the poor in this county take an active interest in this institution and meet there every month, at which time they consider applications for admission, etc.

"There are about twenty-two patients in this home, some of whom are utterly insane. One man has to be remanded to jail for months at a time because of his violence. Most of the inmates are women, past middle age. There are also a few imbecile boys.

"The management of this institution is commendable, and it would be a worthy object lesson to a great many other almshouses.

"The farm is rather an indifferent one and affords but little to defray the expenses. The county appropriation, however, is not as great per capita as in some other counties. The constant attention given by the managers of the poor, and the close investigation given by them is due to the interest manifested by many ladies in the county who give it considerable attention."

Wicomico County Almshouse. "This institution consists of a large farm in good condition and of considerable value and has ample room for the inmates in separate buildings, in which male and female are kept separately in regard to color and sex. The entire surroundings are neat and homelike and the inmates are clean and comfortable, bathing facilities being provided for them. The county's expenses on this institution, including paupers and insane, amount to about \$3,000, and while they get fair results the expense is not commensurate with the results. The farm is a very valuable one, in good condition, and would probably sell for \$15,000.

"I noticed one very peculiar fact in connection with this almshouse, and that is that they keep coffins on hand, already made up."

Worcester County Almshouse. "This institution is situated about four miles from Snow Hill, the county seat. The inmates are well provided with food and shelter, but neatness and sanitation seem to be unknown. There are no facilities for bathing and the inmates and their surroundings showed a lack of attention as far as cleanliness is concerned. Two of the inmates, one black and one white man, were subject to epileptic attacks of an incurable nature, and all that could be done for them would be to place them under supervision and give them better sanitary facilities. The rest of the inmates are nearly all feeble-minded and unable to help themselves, but with some training they could make considerable improvement in their surroundings and themselves.

"The farm consists of several hundred acres of fertile land in a fair state of cultivation, but it does not provide enough food to sustain the inmates. In addition to what they raise on the farm the amount paid by the county, including hire of keeper, food, clothing, etc., is a considerable sum a year and this, with the interest on the value of the farm and its stock, would be amply sufficient to pay for a much more suitable arrangement with a possible benefit to at least 2 per cent. of the inmates. The inmates do only a very limited amount of the work on the farm.

"The men and women are not kept in separate buildings. The building for the inmates is a large 1½-story brick building, amply sufficient to answer all requirements, and with the addition of improved sanitary conditions, especially bathing facilities, could be made a very comfortable home."

TABLE NO. 1.

Showing the Statistics of the State and City Hospitals for the Insane and Feeble Minded.

HOSPITALS.	Remaining Nov. 30, 1905.					Admitted from Nov. 30, 1905, to Nov. 30, 1906					Showing the condition of patients dis- charged from Nov. 30, 1905, to Nov. 30, 1906					Remaining Nov. 30, 1906.				
	White		Col'		Total.	White		Col.		Total.	Showing the condition of patients dis- charged from Nov. 30, 1905, to Nov. 30, 1906					White		Col'd		Total.
	Male.	Female.	Male.	Female.		Male.	Female.	Male.	Female.		Recovered.	Improved.	Unimproved.	Died.	Total.	Male.	Female.	Male.	Female.	
Maryland Hospital for the Insane (Spring Grove).....	261	235	37	26	559	29	18	3	5	55	11	2	5	32	50	275	227	35	27	564
Second Hospital for the Insane (Springfield).....	353	256	.....	.....	609	110	106	.....	.....	216	49	21	17	63	150	419	318	.....	.....	737
Bay View Asylum.....	49	141	68	100	358	95	53	32	35	215	46	49	29	68	192	69	154	55	110	388
Maryland Asylum and Training School for the Feeble Minded.....	63	46	.....	.....	109	27	40	.....	.....	67	.....	10	.....	2	12	102	98	.....	.....	200
Totals.....	726	678	105	126	1635	261	217	35	40	553	106	82	51	165	404	865	797	90	137	1889

TABLE NO. 2.

Showing the Statistics of Private and Corporate Institutions for the Insane.

INSTITUTIONS.	Remaining Nov. 30, 1905.			Admitted from Nov. 30, 1905, to Nov. 30, 1906.			Showing the condition of patients dis- charged from Nov. 30, 1905, to Nov. 30, 1906.					Remaining Nov. 30, 1906.		
	Male.	Female.	Total.	Male.	Female.	Total.	Recovered.	Improved.	Unimproved.	Died.	Total.	Male.	Female.	Total.
Mt. Hope Retreat.....	231	366	607	76	89	165	53	46	2	69	170	228	374	602
Sheppard and Enoch Pratt Hospital.....	47	60	107	58	71	129	34	35	56	9	134	41	58	99
Richard Gundry Home.....	18	16	34	96	51	147	38	80	25	11	154	20	20	40
The Gundry Sanitarium.....		31	31		26	26	10	9	2	1	22		36	36
Rigg's Cottage.....	1	3	4	3	5	8	7	1			8	1	2	3
Relay Sanitarium.....	15	11	26	55	20	75	26	29	6	6	67	18	11	29
Font Hill Training School.....	13	6	19	2	3	5		1	1		2	11	9	20
Totals.....	325	503	828	290	265	555	168	201	92	96	557	319	510	829

TABLE NO. 3.

Showing the Statistics of the County Asylums for the Insane.

ASYLUMS.	Remaining Nov. 30, 1905.					Admitted from Nov. 30, 1905, to Nov. 30, 1906.					Showing the condition of patients dis- charged from Nov. 30, 1905, to Nov. 30, 1906.					Remaining Nov. 30, 1906.						
	White		Col'd		Total.	White		Col		Total.	Recovered.	Improved.	Unimproved.	Died.	Total.	White.		Col'd.		Total.		
	Male.	Female.	Male.	Female.		Male.	Female.	Male.	Female.							Male.	Female.	Male.	Female.		Male.	Female.
Montevue (Frederick County).....	41	49	36	44	170	9	2	18	15	44	5	10	1	14	30	38	50	42	52	182		
Sylvan Retreat (Allegany County).....	43	49	2	5	99	13	8			21		8		4	12	43	49	2	5	99		
Cherry Hill (Cecil County).....	13	10	5	3	31	1	3	2	2	8		2	4	4	10	7	8	5	6	26		
Bellevue (Washington County).....	11	15	5	2	33	1	1	1		3		1	1	3	5	15	17	5	2	39		
Totals.....	108	123	48	54	333	24	14	21	17	76	5	21	6	25	57	103	124	54	65	346		

TABLE NO. 4.

Showing the Statistics of the County Almshouses in which Insane are Kept.

COUNTY ALMSHOUSES.	Remaining Nov. 30, 1905.					Admitted from Nov. 30, 1905, to Nov. 30, 1906.					Showing the con- dition of patients discharged from Nov. 30, 1905, to Nov. 30, 1906.					Remaining Nov. 30, 1906.									
	White		Colored		Total.	White		Colored		Total.	Recovered.	Improved.	Unimproved.	Died.	Total.	White		Col'd		Total.					
	Male.	Female.	Male.	Female.		Male.	Female.	Male.	Female.							Male.	Female.								
Allegany.....	4	5			9	4	5			9			9		9	4	5			9					
Anne Arundel.....	3	3	4	2	12	1	1	5	1	8	1	4		2	7	3	3	4	2	12					
Baltimore.....	11	3	4	4	22	2	1		1	4				1	1	11	3	4	4	22					
Caroline.....	1	3	4	3	11				1	1	1	1			1		1	1	2	4					
Carroll.....	21	18	4	2	45	8	10	3	2	23	1	1		4	6	21	18	4	2	45					
Cecil.....	9	3	2	1	15	9	3	2	1	15						9	3	2	1	15					
Dorchester.....	4	2	2	4	12	3		1		4	2			4	6	4	2	1	3	10					
Harford.....	4	2	2	2	10	2	2			4			2	1	3	4	5	2	3	14					
Kent.....	4	3	10	9	26	4	1	2		7		1	11	1	13	4	2	9	7	22					

TABLE NO. 4—Continued.

Showing the Statistics of the County Almshouses in which Insane are Kept.

COUNTY ALMSHOUSES.	Remaining Nov. 30, 1905.					Admitted from Nov. 30, 1905, to Nov. 30, 1906.					Showing the con- dition of patients discharged from Nov. 30, 1905, to Nov. 30, 1906.					Remaining Nov. 30, 1906.				
	White		Colored		Total.	White		Colored		Total.	Recovered.	Improved.	Unimproved.	Died.	Total.	White		Col'd		Total.
	Male.	Female.	Male.	Female.		Male.	Female.	Male.	Female.							Male.	Female.	Male.	Female.	
Montgomery.....	1	.....	1	3	5	3	3	5	2	13	.....	.....	.....	2	2	3	3	5	2	13
Prince George's.....	4	7	9	4	24	4	2	3	2	11	.....	.....	.....	5	5	1	.....	1	3	5
Queen Anne's.....	.....	.....	4	4	8	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	4	7	9	4	24
Somerset.....	2	3	2	6	13	2	1	1	3	7	.....	1	.....	2	3	.....	3	3	4	6
Talbot.....	7	3	1	3	14	.....	3	4	2	9	8	.....	.....	7	15	4	1	1	1	7
Wicomico.....	6	6	2	1	15	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	8	4	2	.....	14
Worcester.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Totals.....	81	61	51	48	241	42	32	26	15	115	13	6	22	29	71	83	60	53	44	240

TABLE NO. 5.

Showing the Statistics of the Colored Insane.

(These figures are given in detail in the preceding tables.)

INSTITUTIONS.	Remaining Nov. 30, 1905.	Admitted. from Nov. 30, 1905 to Nov. 30, 1906.	Remaining Nov. 30, 1906.
State and City Hospitals for the Insane.....	231	75	227
County Asylums.....	102	38	119
County Almshouses.....	99	41	97
Total.....	432	154	443

TABLE NO. 6.

*Total Number of Insane in the State—Comparison Between the Years
1905 and 1906.*

YEARS.	Admitted.	Discharged or Died.	Remaining Nov. 30, 1906.
1905.....	1,139	916	3,188
1906.....	1,299	1,089	3 304